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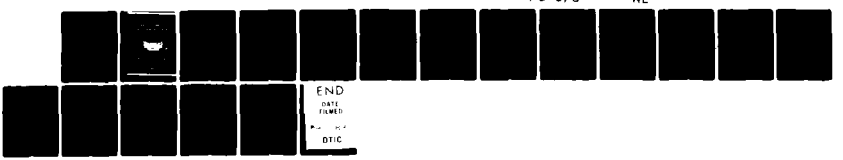

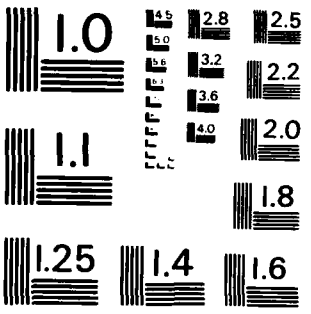

A Research Perspective on Drug and Alcohol Use in the Army

DIVISION OF NEUROPSYCHIATRY
Walter Reed Army Institute of Research
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A RESEARCH PERSPECTIVE ON DRUG AND ALCOHOL USE IN THE ARMY

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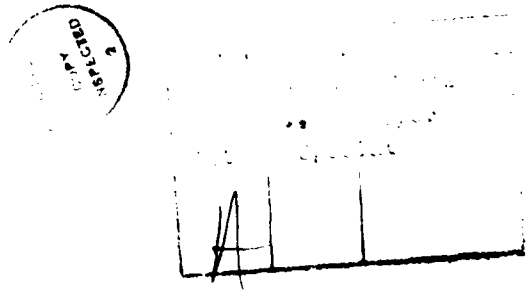
PREFACE

This paper is one of a series of occasional, informal accounts of work in the Division of Neuropsychiatry at the Walter Reed Army Institute of Research. The reports generally address topics in Army preventive medicine for which implementation responsibility lies significantly outside the Medical Department. Although their contents may overlap partly with our publications in the scientific literature, most papers are based on trip reports, briefings, and consultations involving specific Army audiences. Comments to the senior author are welcome.

This paper was presented by the author to the USAFORSCOM Alcohol and Drug Counseling Officer (ADCO) conference held in Atlanta in November, 1979.



My name is Frank Sodetz. I'm a research psychologist and currently, I'm the director of an organization called the Division of Neuropsychiatry at the Walter Reed Army Institute of Research. The Walter Reed Army Institute of Research, or WRAIR as it is known, is the largest of several multi-disciplinary medical research laboratories that comprise the U.S. Army Medical Research and Development Command. The WRAIR has a military and civilian staff of nearly 1,000 people. About 800 of these are located in our main facility in Washington and the remainder are scattered in about half a dozen foreign countries. My staff consists of about 100 military and civilian scientists and technicians. Our mission is broad in scope. It is to conduct research in support of the prevention and effective management of combat psychiatric casualities.

We receive no funds for dealing with the very real peacetime medical problems that confront my colleagues in the Army Medical Department. We compete for resources in the research and development arena along with MX missiles, Trident submarines and an extraordinary array of other hardware systems. When we are successful in our competition for dollars, it is because we have been able to make a link between the problems of concern to us and the capacity of soldiers to sustain themselves on the battlefield. I mention this in partial explanation of the organization of this morning's presention.

The last time I attended an ADCO conference was, I believe, in 1972 or 1973. In any event, it has been a few years. That meeting was a memorable disappointment in my professional career, which problably explains why I haven't returned before now. I attended that meeting as a relatively inexperienced researcher, seeking to enlighten the attendees with data collected from studies of drugs of abuse and the soldiers who used them. I came away disappointed because I found I had very little, if anything, to offer the ADCOs that might prove of value to them as they sought to define their roles and functions and to discharge their duties with respect to control of drug and alcohol abuse.

I did come away with the sense that ADCOs faced a common problem, which I encountered only after I moved from full-time research to research management and administration. The problem that seemed to exist at that time was one of capturing the Army's attention. The ADCOs I

spoke with all recognized that local command support was essential to their success. The level of support at various Army posts ranged from absolute disinterest to comforting verbal expressions of support without much action standing behind them. Local commanders thought of themselves as devoting their time and effort to the preparation of their personnel for combat. Drug and alcohol control tended to be embraced as a "nice to have" in a garrison Army, but as lower priority than a whole range of activities that might be viewed as central to mission accomplishment in a combat environment.

In preparing for this morning's presentation, I wished to avoid the personal disappointment of 1972, that is, I wanted to leave feeling that I had made some contribution to your efforts to deal with a difficult problem. So I made an assumption. I assumed that the rules of the game had not changed all that much since 1972 and that local command support would still be critical to your success. I further assumed that commanders still varied with respect to the depth of their commitment to come to grips with the realities of drug and alcohol abuse within their units. If these assumptions are correct, then the rest of my presentation may be of some value to you.

What I would like to share with you is our construction of the relationship between drug abuse and combat readiness. Unless we can portray the connection between drug abuse and combat readiness, we can have little hope for enlisting the command support so critical to a successful control effort. Both you and I face the same problem. Neither you, in the drug and alcohol field, nor I in the research and development business, can successfully compete for the resources and support we require unless we can capture the attention of a community that is first and foremost concerned with sustaining soldiers on the battlefield. Unless that community understands that there is a relationship between drug use by soldiers and the capacity of those soldiers to perform on the battlefield, then neither you or I can expect much attention from commanders who must order their priorities around preparation for combat or a research and development community oriented toward providing our forces with a vast array of new weapons and gadgets that might prove helpful in some future conflict.

At this point, it might be useful to go into this

presumed relationship between drug use and combat capability in a little more detail. There are two ways to approach the study of drug abuse, one traditional and the other somewhat less conventional. The traditional approach involves an examination of the pharmacological action on different organs systems, including the nervous system responsible for behavior. This approach represents an attempt to specify the effects of drugs on the individual, his health and performance. Tens of millions of civilian research dollars have been spent on an effort of this kind and still the effects of drugs remain hard to specify.

The problem is made all the more complex when drug use is intermittent or recreational or when drug users adopt poly-drug use patterns and the substance of choice varies depending upon availability, price and opportunities to engage in use. This is precisely the pattern of use we see among our young soldiers. It is hard to argue that serious performance decrements result from drug use when most soldiers who use drugs do not even come to the attention of command or other military authorities. Those who do often have credible performance records. Nor can we learn a great deal about the individual consequences of drug use by examining the characteristics of those soldiers who appear with drug problems at our treatment facilities. The soldier in trouble over his drug or alcohol use is a special case. We would be cautious in attempting to generalize findings obtained from identified alcoholics or problem drinkers to all those who occasionally engage in the recreational use of alochol. Similarly, studies of soldiers in trouble over their drug use afford us only limited insight into the vast majority of soldiers who engage in drug using behavior.

A focus on the individual health and performance consequences of drug use becomes still less relevant to our combat-oriented colleagues when one considers that for drugs to be used, they must be available. Drug availability requires some sort of relatively stable drug distribution system. It would be reasonable to question whether such a system could exist on the modern battlefield envisioned for the next war. We know that maintenance of an effective drug distribution system was compatible with the kind of war we fought in Vietnam and that it could exist again were we to fight a similar war somewhere else. But for the high intensity, short-notice war about which we are most concerned, the availability

of both drugs and the time to use them will be problematic.

In our view, research on the individual health and performance consequences of drug use, while useful, is not central to developing an understanding of the nature of the drug problem that confronts the Army today. The research that bears most directly upon the Army's drug problem looks at drug use, not from the individual perspective, but in terms of how drug use alters the relationships that exist among people.

Two thousand years of military history, four wars in this century, and more than 30 years of research have made it abundantly clear that one of the factors that sustains the soldier on the battlefield is the strength of the bonds that exist between him and his fellow soldiers. Soldiers do not fight and die for abstract concepts like patriotism and democracy. Soldiers fight and die for one another. It is the strength of the soldier's commitment to his fellow soldier -- the cohesion that exists within his military unit -- that allows a soldier to endure the demands he encounters on the battlefield.

The presence of drug use within our military units, and the fact that it is so resistant to our prevention and control efforts should be a source of concern for every commander, not because of the individual health and performance consequences of drug use, but because of its potential to modify the human relationships vital to sustaining the soldier on the battlefield. Drug usage alters human relationships among soldiers, their NCO's and their officers. Drug abuse becomes a readiness issue when we recognize that preparedness for a short-notice war requires the presence of unit cohesion before the outbreak of hostilities. The interpersonal bonds that will sustain a soldier for the first few critical hours and days will be those that exist within his unit before that unit is deployed into combat. The commander who sees his unit fragmented into those who use drugs, those who do not, and those who could care less one way or the other should give some thought to how these disparate groups will sort themselves if called upon tommorrow to risk death for and with one another.

Before we can help the commander clarify his thinking about this issue and make up his own mind as to whether the drug and alcohol problem is, in fact, a problem, we

need to review some principles of human behavior and some facts of Army life. I'd like to begin by briefly summarizing some observations compiled by MAJ (now LTC) Larry Ingraham and others in an unpublished manuscript titled Boys in the Barracks. Before I do, let me offer a little background information.

Boys in the Barracks was the subject of a series of articles published in the Army Times. The manuscript summarized observations made at an Army post in the 1972 to 1974 time frame. As some of you may know, in 1975, the Congress terminated all funding for military drug and alcohol abuse research. At the WRAIR, we underwent a reduction-in-force as a result of this action. A major reduction-in-force in Washington, D.C. commands a great deal of attention from the Congress, the Civil Service Commission and the DAIG. Ninety-four employees were involved. Legal proceedings were undertaken by affected employees. Two DAIG investigations were instituted and several investigations were conducted by the Civil Service Commission. The purpose of all these investigations was to assure the correctness of the procedures being used to terminate employees. The language of the Congressional action prohibited any expenditure of resources to support drug and alcohol abuse research, including the preparation of reports covering work in progress. No one was permitted to utilize any duty time whatsoever in any activity related to drug and alcohol abuse research.

In any attempt to salvage something out of years of effort, MAJ Ingraham, on his own time, prepared a manuscript for a book titled Boys in the Barracks. While drug and alcohol consumption was a major activity discussed in the book, the book had a broader purpose, namely to describe the human relationships that existed among soldiers who lived in the barracks and the constraints they faced as they tried to live their lives as part of the Army. When a first draft of the manuscript had been completed, it was obvious to all who read it that it was a book about soldiers and not about drug and alcohol abuse. Therefore, it was considered proper to assist MAJ Ingrahm with typing support and scientific critique and evaluation.

The early version was widely read and scientific critique was obtained from a number of individuals. But writing a book is no easy chore, especially if the target audience consists of professionals like yourselves, as

well as the scientific community. It was the consensus of many of us, including MAJ Ingraham, that he needed the assistance of a professional editor. He contacted a number of potential publishers, but none would agree to read the manuscript for one simple reason -- it was not copyrighted. The manuscript was in the public domain and would become the property of any publisher who obtained a copy of it. Because Ingraham did not hold the copyright, no publisher could be assured of an opportunity to publish the book after investing editorial time and effort in a rewrite. Without the copyright there could be no publication and there could be no copyright without a determination by the Judge Advocate. The issue had been clouded by our efforts in support of the preparation of the manuscript. Nonetheless, after more than 2 years, a determination was made that MAJ Ingraham could indeed copyright the manuscript. It is now being reviewed by the University of Oklahoma Press for possible publication. (Boys in the Barracks will be published in mid-1983 by the Institute for the Study of Human Issues, Philadelphia.) However, in the meantime, the Army Times obtained a copy of the manuscript by means which are still unclear to us.

Some responded to the Army Times articles by choosing to dismiss Ingraham's observations by arguing that the conditions portrayed no longer exist in today's Army and that the manuscript, though interesting, has no relevance for today. I don't plan to challenge the merit of that position. I would like to review the study and each of you can use your own experience with the contempary army to decide whether MAJ Ingraham's observations have relevance today. The study was conducted over a two year period at one post. The units differed in type. Technically they were not combat units although they were close enough so that their officers and men would happily debate that issue. The purpose of the study was to attempt to characterize drug and alcohol use among ordinary soldiers. To do that, we used interviews, questionaires, surveys, urinalysis, and a number of other techniques. However, the majority of the materials prepared by MAJ Ingraham came from participant observers. This is not to say that the observers were participants in drug use. By participant observer, I mean that we had experienced behavioral science specialists living in the barracks in which the study was conducted. Their role was publically acknowledged: everyone knew why they were there. They lived there for months, recording observations, taking notes, and spending both duty time and off-duty time with

their fellow barracks dwellers.

What was observed during this period is that soldiers perceived themselves as having very few choices as to who they could spend time with and how they could spend their time. It doesn't matter whether they actually had more choices than they recognized. What matters is that they perceived themselves as having few choices. MAJ Ingraham attributed this to conditions which admittedly might no longer exist in the contemporary Army. Ingraham argued that the soldiers' world was organized by spatial, sociological, psychological, and temporal constraints. By spatial constraints, he meant that his immediate world consists of the post itself and the civilian environs immediately adjacant to it.

At the post we studied, the surrounding civilian environment provided a number of bars, pool halls, liquor stores, used car dealerships, fast food outlets, a massage parlor, and a number of pawn shops. On post, the barracks were typically located near the industrial section of the post, which in turn tended to be isolated from other post facilities. Since hitchiking was forbidden, and the post taxi and shuttlebus service were frequently inoperative or unreliable, the barracks dweller who wished to use post facilities had to be willing to walk considerable distances or have access to an automobile. Barracks residents without a means of transportation tended to stay in the immediate vinicity of the barracks. Thus, the spatial arrangement of both civilian and military facilities placed limits o.. the range of activities engaged in by barracks dewlling soldiers.

The sociological constraints seemed to stem in part from the fact that soldiers had little up-to-date information about activities on post or in the immediate civilian community. The information was often distributed by various means but was seldom absorbed by the soldiers. The principle sources of information tended to be word of mouth and announcements made at company formations. Another source of constraint stemmed from the fact that barrack dwellers felt unwelcome and unwanted. Many civilian business establishments discouraged patronage by soldiers from the local post. Soldiers tended to cluster in that part of town which seemed to be set aside for them. On-post services were viewed as largely for married soldiers and their depend-

ents. There was further isolation derived from status. Housing areas sorted by martial status, and sorted again by rank. There was little opportunity for recreational activities that crossed these status boundaries.

So here, in the 1972-1974 Army, at least, we saw the choices of the barracks dweller limited by spatial considerations and further constrained by feelings of being unwelcome either in the civilian community or by major segments of the post. Given the spatial and sociological facts of life that organized his behavior, it was not surprising that the barracks dwelling soldier organized himself psychologically to accomodate them. Except for their perception of the officer class, Americans have never seen the military as a particularly high-status career. The soldier accommodated himself psychologically to this reality by asserting that civilians do not like soldiers, that he was only in the army "for a short time", and by no means a soldier or a careerist. His primary orientation and alligence therefore, was not to his army unit, the post or the civilian surrounding community, but to his hometown, family and friends. He returned home whenever possible.

The soldier was further constrained by the temporal orgnaization of his life, which sorted into duty hours, off duty time and weekends. Although it may no longer be true, in the 1972-1974 Army the main challenge facing the soldier was how to fill up his time. We saw a soldier with a great deal of time to dispose of, with few of the social skills needed to use his time creatively, perceiving few choices either on post or off post and compelled to adopt a psychological coping strategy that further isolated him from the civilian community and large segments of the military organization of which he was a part. The major variables that influenced his choices of friends and activities were four: his work group, his rank, his residence and his race. His choice of associates and leisure time activities were determined largely by those he worked with, what his rank was, what barracks he lived in and his race. To these factors one must add another. Personnel turnover rates were high, so interpersonal relationships were tenuous and seldom long-lasting.

When all these factors had taken their toll, the typical barracks dweller ended up with one or two buddies with whom he spent most of his off-duty time. These in-

dividuals were often part of the same small group he worked with during the day. Seldom did these soldiers have friends or acquaintances outside the boundaries of their own barracks.

Now I have painted a picture of an environment in which it is easy to feel lonely and isolated. Under such conditions, humans tend to bond together to protect against loneliness: to do so is normal human behavior. There are many variables that psychologists could list as central to achieving some sense of belonging, some sense that one is part of something. Shared common experience would be high on everyone's list as a requisite for the development of interpersonal bonds. Drug and alcohol use as they were practiced in the Army in the 1972-1974 time frame were both social behaviors. Drugs and alcohol were consumed in a group setting. They provided the using groups with a unique shared experience. Stories of the times they got drunk together, or of what so and so did when he was high, filled large blocks of time as they were told and retold. Getting high or getting drunk were simple behaviors, activities in which everyone could participate. Furthermore, in addition to providing users with a common experience they offered soldiers a way of asserting their independence from the army and of assuring their fellow soldiers that they too subscribed to the prevailing view that they were not careerist or professionals, but merely civilians serving their time along with their peers.

Drug and alcohol use was a kind of social glue that cemented interpersonal bonds. What Ingraham saw was drug and alcohol use being used by soldiers as social currency to buy into social relationships. Drug and alcohol use was a basis for affilitation. One of the few activities in which even the least skilled of our soldiers could participate. In Ingraham's view, the barracks dwelling soldier faced so many constraints on his lesiure time activities and affilitative choices and was often so lacking in social skills that he was led to assert that if the army didn't have drug use it would have to invent it. He could find little else available to soldiers in the way of shared common experience.

But not everyone used drugs. Just as social groups organized around drug use, others organized around alcohol use, or around non-drug use. Drug users viewed these other groups with distrust and the non-drug using groups

reciprocated in their distrust of the drug users. Similarly, officers and NCO's charged with responsibility for controlling drug use were also viewed with distrust and suspicion. Ingraham recognized that drug and alcohol use played an essential role in the life of the barracks dweller. Drinking and drug use were among the few social activities in which all soldiers could participate. They provided the shared common experience essential to the development of some sense of community. Efforts directed at the control of drug and alcohol consumption offered the using group the common external challenge of avoiding detection. This external threat drove users closer together and contributed to the development of cohesion and interpersonal bonds and offered group members an opportunity to display loyalty, trust, and commitment to one another.

The positive rewards of drug and alcohol use did not derive from the pharamcological effects of the substances used, but rather from the sense of belonging achieved through membership in a group. For the users perspective, the consequences of drug and alcohol use were largely postive. But Ingraham correctly observed that the loyalty, trust and commitment developed was of users to one another and not to the unit or organizational goals. Viewing this phenomenon from an organizational perspective, that is, from the Army's point of view, drug and alcohol usage tended to fragment the unit into various subgroups which invested little loyalty, trust, or commitment to one another.

In today's Army, drug and alcohol use continue. They continue to be social behaviors. Drug and alcohol use are sufficiently widespread that it is hard to think of users as deviant. Use occurs in units of differing types which impose differing demands on soldiers. Explanations of use focusing on relief from boredom or reduction of stress seem incomplete. Not all users have boring jobs, nor are all users struggling to cope with stress, yet drug and alcohol use persist.

Ingraham's hypothesis was that drug and alcohol use provided a basis for affilitation in an environment in which few other bases existed. The military environment is one which few soldiers can tolerate without the social support of their fellow soldiers. It has always been that way. Our young soldiers lack many social skills. The high levels of turbulance in our units, the

geographical separation from friends and family and the psychological isolation from officers and NCO's the surrounding civilian community and even recreational services, all combine to present the soldier with virtually insurmountable obstacles to achieving some sense that he is part of something. So he does what any normal human would do faced with these circumstances and takes advantage of the few options that remain to avoid loneliness and isolation.

Why should this be a matter of concern for the commanders who my be called upon to take these soldiers into battle? Recall my earlier statement. Two thousand years of military hitory, four wars in this centry and 30 years of research have made abundantely clear that it is the strength of the bonds among soldiers that allow them to endure the demands of the battlefield. Without loyalty, trust and commitment to one another, to the unit and its mission, it may not be reasonable to expect ordinary men to risk death for and with one another. If Ingraham's construction is correct, drug use exists in our units today because we provide our soldiers with too few viable alternatives for the development of the interpersonal bonds that offer them essential social support in peacetime and will sustain them on the battlefield. The commander who understands that unit cohesion is as essential to combat effectiveness as weapons, doctrine, and tactics must view Ingraham's construction of the role of drug and alcohol as worthy of some reflection.

If Ingraham is correct, the Army's drug and alcohol problem isn't a drug and alcohol problem, it's a unit cohesion problem that might not manifest itself fully until our soldiers are deployed to combat. The Army now faces a choice. It can think about drug abuse, the attrition rate and a whole series of other indicators as symptoms of a common problem related to the tenuous nature of the interpersonal bonds that exist among our soldiers, and focus on a variety of policy changes directed at broadening the opportunities for interpersonal bonding and the development of trust, loyalty, and commitment. Or, it can continue to view these indicators in isolation from one another and hope that Ingraham's construction has no merit.

My understanding is that the choice may already have been made and that the issue of cohesion in our units and the required policy changes will be receiving consider-

able attention in the near future. If these efforts are successful and Ingraham's arguments have any merit, then we may eventually see some reduction in drug usage by soldiers.

I hope this researcher's perspective on drug and alcohol use has been helpful. One purpose of research is to help us think more clearly about a problem. Ingraham's work, right or wrong, outdated or not, has helped me think more clearly about the relationship of drug use to combat readiness. I hope you will find some of these observations useful to you as you deal with commanders at your local posts.

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Drug/alcohol use by enlisted personnel is considered in terms of its effects on interpersonal bonds in small groups of soldiers. As documented in Boys in the Barracks, life for unmarried enlisted troops in the early 1970s was fragmented and isolated; in such conditions, drug and alcohol use offered simple means for creating social support, with potentially disruptive effects on combat effectiveness.

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